



JEWELLERS' BLOCK PROPOSAL FORM

CANADA WORLDWIDE UNDERWRITING AGENCIES INC

400, 1400 1st Street SW * Calgary, Alberta T2R 0V8
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403-237-9976 FAX

OFFICE USE ONLY:

Town Grade: _____

A fully completed printed version of this Proposal and Declaration must be signed in ink by the Assured and will be attached to the Certificate of Insurance if issued, together with any supplementary information which must also be signed by the Assured.

It is essential that all questions are answered fully, giving details applicable to each location. Quotations cannot be given on incomplete proposals. If the answer to any question is none state "none" or "nil" or "n/a".

SECTION 1. (GENERAL INFORMATION)

1. a. Our firm or corporation name is (the Assured) _____

b. Premises address (including Postal Code) _____

Which floor is Premises located? _____

c. Mailing address (including Postal Code) _____

d. Names of Principals _____

NOTE: If more than one location, this location is No. _____ of a total of _____ locations. A separate Proposal Form must be completed for each location.

e. Is your business address also your home address? Yes No

f. Usual Business Hours are _____

g. Number of Entrances to premises i) Open to the General Public? _____

ii) Not open to the General Public? _____

h. How long in business i) At these premises? _____

ii) Elsewhere? _____

i. If this is a new business, where have the owners/officers previously worked in the jewellery industry
Where? _____
How Long? _____

j. Are these premises shared with a Third Party? Yes No

If yes, who are the other occupants _____

k. Give names and address of other locations of the Assured, under the same ownership, not included in this proposal

2. Nature of Business based on sales (must total 100%)
Wholesale _____
Retail _____
Manufacturing _____
Pawnbrokering _____

3. Employees

- a. Number of employees(include working owners) Full Time _____ Part Time _____
- b. Least number of employees, officers or owners on premises during business hours (including lunchtime) _____
- c. Least number of employees, officers or owners when opening or closing? _____
- d. Do any employee, officer or owner ever remain on premises outside business hours? _____
If so, least number of any such persons on premises at any such time? _____

4. LOSSES

Give statements covering all losses (insured and uninsured of the insured and any associated company) during each of the past five (5) years involving property covered by this form of insurance

DATE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID

If any losses occurred in the past five (5) years, what has the Insured done to prevent similar losses?

5. CANCELLATION OR REFUSAL OF INSURANCE

Within your knowledge has any insurer ever cancelled or refused to insure or continue any insurance for you? Yes No

If yes, give particulars _____

6. BOOKKEEPING

- a. Do you keep and maintain a detailed stock record? Yes No
- b. How often do you take a physical inventory? _____
- c. Are duplicates maintained off-premises? Yes No

7. Are you a member of:

JA _____ JSA _____ AGS _____ AGTA _____ Other _____

SECTION 2. (PROTECTIONS)

8. PREMISES PROTECTION *(Attach copies of Underwriters Laboratory Certificates where issued)*

A ELECTRICAL BURGLAR ALARM SYSTEMS

- 1. Are the premises described in 1.b. protected by an operating burglar alarm system? Yes No
Is it: Direct connect to Police Station Central Station Local Alarm
- 2. Extent of Protection 1, 2, or 3 Grade AA, BB, CC, A, B, or C
Name of Alarm Company _____
Underwriters' Laboratories Certificate Number _____
Date of Expiration _____

B HOLD-UP ALARM AND PROTECTIVE SYSTEM (if any)

- Is there a central station hold-up system protecting your premises? Yes No
- Total number of Signal Buttons _____
Stationary / fixed _____ Portable _____

C ADDITIONAL SECURITY PROTECTIONS

Is the entrance to your premises protected by:

- | | | |
|--|------------------------------|-----------------------------|
| Double Door Mantrap | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Interfaced | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Locked Door Buzzer | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Steel Gate or Grill across front of premises | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Are your premises monitored by:

- | | | |
|------------------------------------|------------------------------|-----------------------------|
| Closed Circuit TV with Recorder | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Recorder hidden from view | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Closed Circuit TV without Recorder | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Surveillance Camera | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Armed Guard | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Other, please specify _____

9. SAFES AND VAULTS

Give full particulars of each Safe and / or Vault

	(1)	(2)	(3)
Make	_____	_____	_____
Model	_____	_____	_____
UL Rating	_____	_____	_____
Alarm Protection Company	_____	_____	_____
Extent and Grade	_____	_____	_____
UL Certificate Number	_____	_____	_____
Expiry	_____	_____	_____

10. WARRANTIES AS TO PROPERTY INSURED DURING TERM OF INSURANCE AT ALL TIMES

a. WHEN PREMISES ARE CLOSED

- The minimum proportion of property on premises kept in locked safes and/or vaults _____ %
- Is safe and/or vault protected: by a **Complete** burglar alarm system as indicated in 9? Yes No
- by a **Partial** burglar alarm system as indicated in 9? Yes No
- Unprotected** by burglar alarm system as indicated in 9? Yes No
- The maximum proportion of property on premises (including window display) OUT of safe will be _____ %

SECTION 3 (EXPOSURES)

11. INVENTORIES of all property wherever located, including bank and/or safe deposit vault

- a. The value of the Last Physical Inventory was \$ _____
and was taken on what date _____
- b. The value of the Previous Physical Inventory was \$ _____
and was taken on what date _____
- c. The maximum amount of stock during the last twelve (12) months did not exceed what value? \$ _____
- d. Estimated average daily value of other people's property in insured's custody or control during the last twelve (12) months was \$ _____

NOTE: This should not include property pledged with pawnbrokers nor to property of others in the jewellery trade deposited with the insured for safe custody only

e. Nature of Stock as per Last Physical Inventory, as set forth in 11a (excepting pledges) **NB:** Total must equal 100%

- _____ % Loose diamonds and other precious stones
- _____ % Pearls
- _____ % Unset semi-precious stones and imitation stones
- _____ % Jewellery mounted with diamonds and other precious stoned
- _____ % Other jewellery (including solid gold and platinum jewellery)
- _____ % Fashion jewellery and costume jewellery (including gold-filled, plated and silver jewellery)
- _____ % Watches, watch cases, watch bracelets mounted with diamonds or other precious stones
- _____ % Other watches, watch cases, movements, parts
- _____ % Silverware, pewter, plate and stainless steel
- _____ % Jewellers' findings, unset mountings, material for manufacturing
- _____ % All other stock (describe) _____

f.. What percentage of your total stock does not exceed Cdn\$250 per item? _____%

SECTION 4 (AMOUNTS & LIMITS OF INSURANCE)

12. AMOUNT(S) OF INSURANCE DESIRED

- a. Stock (including other people's goods) on premises _____
- b. Money _____
- c. On Patterns, Molds, Models and Dies _____
- d. On Furniture, Fixtures, Safes, Machinery, Fittings, Tools, Tenant's Improvements and Betterments _____
- e. 1. Business Interruption – 80% Gross Earnings _____
- 2. Business Interruption – Profits _____

f. Sublimits

- 1. Peak Season Increase Stock Value by _____
 For the Period From _____ To _____
- 2. Armoured Car _____
- 3. In Bank Vault or Safety Deposit Vault _____
 The minimum proportion of property kept in Safe Deposit Vault will be _____%
 Name of Bank, Trust or Safe Deposit Company _____
 Address of Bank, Trust or Safe Deposit Company _____
- 4. Property in the Custody of another Dealer in the Jewellery Trade _____
- 5. First Class Registered Mail / Airmail _____
- 6. Customer Parcel Delivery Services
 - i) Express Mail _____
 - ii) Federal Express /UPS _____
 - iii) Other _____

Please provide the Estimated Total Annual Value of all shipments, in excess of the carriers underlying coverage

Armoured Cars \$ _____
 First Class Registered Mail/Airmail \$ _____
 Express Mail \$ _____
 Federal Express/UPS \$ _____
 Other _____ \$ _____

7. Property elsewhere, not included in 1-5 above & not otherwise limited

a. In cities or towns within a 75 mile radius of insured's premises, including to and from bank vault or post office

Name	# of Days	Average Amt	Maximum Amt	Limit Required
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____

b. Elsewhere in Canada, United States, the District of Columbia and Puerto Rico

Name	# of Days	Average Amt	Maximum Amt	Limit Required
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____

c. Elsewhere Specify _____

Name	# of Days	Average Amt	Maximum Amt	Limit Required
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____

g. SHOW WINDOW DISPLAY at premises occupied by the insured, includes outside show case display

NOTE: Property displayed in show windows and in showcases not opening into the interior of the premises, is considered "protected" only when it is displayed behind swinging plate glass (or its equivalent) secondary to windowpane or behind metal bars or grille entirely across window or showcase, or behind shatterproof (laminated) glass, or in showcase within the window.

- Number of windows _____
 Number of outside showcases _____
 Number of interior showcases, including wallcases _____
- How are the show windows protected against smashing? _____
 How are the outside showcases protected against forcible entry? _____
 Are inside showcases/wallcases equipped with key locks _____
 Are they kept locked during business hours with keys removed?
 (Except when contents are actually being removed or replaced) Yes No

	In any one window/outside showcase	In all windows/outside showcases
Maximum value at any one time	\$ _____	\$ _____
Limit Required When Business is Open	\$ _____	\$ _____
Limit Required When Business is Closed	\$ _____	\$ _____
Protected or Unprotected	_____	_____

h. EXHIBITION / TRADE SHOW COVERAGE

Amount Required	Dates of Show	Name and Location of Show
_____	_____	_____

1. \$ _____
2. \$ _____
3. \$ _____

13 EARTHQUAKE AND FLOOD COVERAGE

Do you require Earthquake coverage on the property referred to in Question 1.b? Yes No

Do you require Flood coverage on the property referred to in Question 1.b? Yes No

14. DEDEDUCTIBLE AMOUNT REQUIRED

_____ \$2,500 _____ \$5,000 _____ \$10,000
 _____ \$15,000 _____ Other (please state) _____

SECTION 5 (SUPPLEMENTAL INFORMATION)

15. CONSTRUCTION DETAILS

a. Number of Stories _____

Year Built _____

If building over 25 years, when were updates done?

Roof _____

Plumbing _____

Heating _____

Wiring _____

Wall Construction _____

Roof _____

Floors _____

Ground Floor Area _____

Type of Heating _____

Fuses or Breakers _____

b. EXPOSURES

	RIGHT	LEFT	FRONT	REAR
Construction	_____	_____	_____	_____
Height	_____	_____	_____	_____
Distance	_____	_____	_____	_____

c. PROTECTION

Distance to: Hydrant _____ Fire Hall _____ Paid or Volunteer _____

Are Premises sprinklered? Yes No Percentage Sprinklered? _____%

Number of portable extinguishers _____

Type? _____ Date Last Serviced? _____

16. Annual Revenue \$ _____
 Percentage Split Canada _____% United States _____% Foreign (_____) _____%

17. Previous Insurance

